

(Over)

YES	NO	10. Questionnaire (Place an "X" in the proper column)
		a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other Federal Fiscal Year then,
(March 31 and September 30 each year)

- ☒ Hold in the current files area _____ month(s) 1 year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☒ Transfer to State Records Center; hold 2 year(s); then
- ☒ Destroy -- except for files covering each fiscal year ending in 3 and 8, transfer one cubic foot of records (selected at random) to the State Archives for permanent retention.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify) _____

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Virginia Lee</i>	<i>4-16-82</i>	<i>Elizabeth Crank</i>	<i>4/15/82</i>
		Elizabeth W. Crank, CRM State Records Committee (Signature)	Date
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)	State Auditor/Designee	<i>[Signature]</i>	<i>5-12-82</i>
	Secretary of State/Designee	<i>Carroll Hart</i>	<i>5-10-82</i>
	Attorney General/Designee	<i>[Signature]</i>	

STATE
OF
GEORGIAApplication for
RECORDS DISPOSITION STANDARDOFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISIONPAGE
1

1. Application Date July 30, 1974	INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE	
2. Agency Application No. DHR-DBP-9		Date Received UL 31 1974	Application No. 74-264 Date Completed AUG 14 1974
3. AGENCY, Division, Subdivision & Administering Office Address Department of Human Resources Division of Benefits Payments - Quality Control Unit 618 Ponce deLeon Avenue, N. E. Atlanta, Georgia 30308		4. Person to Contact Avis B. Farrell	
		5. Working Title Typist II	6. Tel. No. 894-5672

7. ACTION REQUESTED

- ☒ ESTABLISH DISPOSITION STANDARD;
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series 7/72 - present	9. Exact Series Title FOOD STAMP ELIGIBILITY REVIEW FILES
---	---

10. What is the function of the office in which this record series is created?
- The Division of Benefits Payments is responsible for supervising and regulating assistance programs which provide to indigents in the State food and monetary assistance and/or medical care.
- The Quality Control Unit reviews random samples of decisions made by County departments as to recipient eligibility for food stamps and public assistance to determine source and degree of error and to pinpoint changes necessary in regulations so laws can be more correctly carried out.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).
- Documents relating to validation by State authorities of County action in determining recipient eligibility for food stamps as required by Federal Regulation.
- This file includes, but is not limited to the following:
- FNS forms 246 - (Quality Control Food Stamp Review Schedules)
 - FNS forms 245 - (Work sheet. Quality Control Food Stamp Review Schedules)
 - Food Stamp Schedule Listings
 - Assignments to Food Stamp Reviewers
 - Food Stamp Sample Print-out
 - Food Stamp listings to Statistics
- The file is arranged by month, then numerically by date of review.

ATTACH SAMPLES OF THE FILE

2. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers Cu. Ft. of Records	
				In Office(s)	In Storage Area(s)
Letter-size File Drawers	4	6		4	6
Legal-size File Drawers			Floor Space Occupied (Square Feet)	6	
				This Year's	Last Year's
			AVERAGE DAILY REFERENCES	25	25
				Preceding Year's	All Prior Years
					UNKNOWN see item 8

13. Is this the Record Copy of the series? ☒ [x] ☐ []
14. Is there a duplication of this series in another office or agency? ☐ [] ☒ [x]
15. Is the information contained in this series ever summarized or published? ☐ [] ☒ [x]
Attach copy of summary or publication.
16. Does the series contain classified information requiring security handling? ☐ [] ☒ [x]
17. Does the series initiate, amend or terminate agency policies and procedures? ☐ [] ☒ [x]
18. Could the function be performed if the files were lost or destroyed? ☒ [x] ☐ []
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ [] ☒ [x]
20. Does the record series provide data as input to an EDP file? ☐ [] ☒ [x]
21. Does the record series contain documentation produced as EDP printout? ☐ [] ☒ [x]
22. Has the Federal Government issued instructions governing the retention/disposition of these files? ☒ [x] ☐ []
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ [] ☒ [x]

24. REQUIREMENTS. The following requires the files to be kept 2 years:

a. ☐ [] STATE LAW b. ☐ [] STATUTE OF LIMITATION c. ☐ [] AUDIT PERIOD *d. ☒ [x] FEDERAL LAW e. ☐ [] ADMINISTRATIVE DECISION f. ☐ [] HISTORICAL VALUE

(Cite Law, Statute, or other reason for the retention requirement)

* Title 45 - Public Welfare - Chapter II - Social and Rehabilitation Service Assistance Programs (see attached)

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☐ [] CALENDAR YEAR ☒ [x] FISCAL YEAR ☐ [] OTHER _____, then:

- ☐ [] Hold in the current files area _____ month(s)/ 1 year(s):
- ☐ [] Transfer to ☒ [x] State Records Center ☐ [] Local Holding Area; hold 2 year(s):
Destroy.
- ☐ [] Transfer to State Archives for permanent retention.
- ☐ [] Destroy immediately after cut-off.
- ☒ [x] Other: (Specify) For files covering each fiscal year ending in 3 and 8 transfer one cubic foot of records (selected at random) to the State Archives for permanent retention. Destroy all other files.

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>William G. Lewis</i>	<i>Jul 30, 74</i>		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> [x] Approved <input type="checkbox"/> [] Disapproved	<i>M. Emily Gasey</i>	<i>7-30-74</i>
	State Auditor/Designee <input checked="" type="checkbox"/> [x] Approved <input type="checkbox"/> [] Disapproved	<i>Della M. Lyle</i>	<i>8-13-74</i>
	Secretary of State/Designee <input checked="" type="checkbox"/> [x] Approved <input type="checkbox"/> [] Disapproved	<i>Carol Hart</i>	<i>8-7-74</i>
	Attorney General/Designee <input checked="" type="checkbox"/> [x] Approved <input type="checkbox"/> [] Disapproved	<i>W. H. H. Bell</i>	<i>8-13-74</i>

STATE RECORDS
COMMITTEE